



SECTION 1: APPLICANT INFORMATION

- 1. Event Name
2. Event Location Address City, State, Zip
3. Competition Manager
4. Mailing Address City, State, Zip
5. Phone Competition Mgrs E mail address Website Address:

SECTION 2: COMPETITION INFORMATION

- 1. Actual competition days: / / thru / /
2. Do you wish to be insured for set-up and take-down days? YES NO
3. If yes, please list dates; first day of set-up / / -- Last day of take-down / /
4. Estimated number of entries: Estimated number of spectators per day:

SECTION 3: UNDERWRITING INFORMATION

- 1. Has this competition incurred any prior liability claims within the last 5 years? YES NO
2. Are dogs permitted at any events/competition you host? YES NO
3. Is liquor sold, served, or furnished at your events? YES NO
4. Does the show require a signed release or waiver from all competitors? YES NO
5. Do you allow someone other than the competitor to sign the release form? YES NO
6. Please attach a copy of the Release to this application. EQUISURE'S RECEIPT OF SUCH RELEASE/WAIVER FORM AND SUBSEQUENT POSSIBLE ISSUANCE OF A POLICY DOES NOT MEAN THAT EQUISURE HAS EVALUATED SUCH RELEASE/WAIVER FOR ITS LEGALITIES OR VALIDITY.

SECTION 4: OPTIONAL ACTIVITIES

YES (Coverage requested) NO

Insurance coverage available for optional activities. Underwriting approval required and additional premium applies. (NOTE: Unless approved, insurance coverage not provided for optional activities.)

- 1. Optional Activities (select):
a. Clinics; # of clinics
b. Other: (submit for rating)

SECTION 5: PREMIUM WORKSHEET

Table with 3 rows: Event Liability/accident & medical coverage for volunteers & officials (# of days) x \$144.00, \$2,000,000 general aggregate (Optional) (# of days) x \$60.95, Additional Set-up and Take-down days (# of days) x \$10.00. Includes a TOTAL PREMIUM row.



FRAUD WARNING NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

The insurer shall not offer an optional extension period for this policy in New Mexico.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

Please print the application & sign with blue or black ink

AUTHORIZED SIGNATURE/TITLE _____ **DATE** _____

PRINT NAME: _____



EQUISURE, INC LIABILITY APPLICATION for COMPETITION LIABILITY PROGRAM
CERTIFICATE of INSURANCE REQUEST FORM

This is not a binder. Please Type or Print Clearly.

Customer Code: _____

Applicant Name _____

Mailing Address: _____

Email _____ Tel # _____ Fax # _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires special wording.

CERTIFICATE HOLDER (Select One) [] PROOF OF INSURANCE [] ADDITIONAL INSURED (AI)
Check all that apply: [] LANDOWNER [] FACILITY OWNER [] SPONSOR [] EQUIPMENT LESSOR

Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ Email: _____

CERTIFICATE HOLDER (Select One) [] PROOF OF INSURANCE [] ADDITIONAL INSURED (AI)
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CERTIFICATE HOLDER (Select One) [] PROOF OF INSURANCE [] ADDITIONAL INSURED (AI)
Check all that apply: [] LANDOWNER [] FACILITY OWNER [] SPONSOR [] EQUIPMENT LESSOR

Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ Email: _____

Name _____
(please print)

Signature: _____ Date: _____

Please print the application & sign with blue or black ink



PAYMENT OPTIONS FORM

*Please select only one payment option
Return form with completed application
Please print legible*

Event Name* _____

Applicant's Name* _____

Address* _____ City* _____ State* _____ Zip* _____

Phone* () _____ Fax () _____

Email* _____ * required

Select option and complete payment information below.

- OPTION 1: Request Quote Only (No payment enclosed) Yes No
- OPTION 2: Full Payment Yes No

Credit Card (check one): VISA or MasterCard Amount Authorized \$ _____

Name on Credit Card _____

Credit Card # _____ - _____ - _____

Credit Card Expiration date: __/__/__ 3 Digit CID Code _____

Signature as shown on Credit Card _____



Please print the application & sign with blue or black ink
We do not accept American Express or Discover

Check or Money Order - enclosed for full premium of: \$ _____

Eq. Tam Code: _____



NORTH AMERICAN TRAIL RIDE CONFERENCE

Event Liability and Accident Programs Summary of Insurance / Coverage

Event Liability Coverage

*** Who is Insured**

The designated event, sponsoring organization, event committee members, officials and event landowners.

*** What is Covered**

Legal liability of the insureds with respect to claims or judgments brought against insureds sustained by spectators, participants, or others arising from the use of the grounds or operations necessary to the insured event. Legal liability of the insureds with respect to claims or judgments brought against insureds arising out of the use of or operation of non-owned automobiles for the named event.

*** Limits**

\$1,000,000 per occurrence not to exceed \$100,000 on any one animal, and \$100,000 on equipment.

*** When Does Coverage Apply**

Coverage applies for the days of practice and actual event as well as set-up and take-down days which have been contracted for with the event landowners.

*** Exclusions**

Loss or injury to any employee, medical payments, pollution and professional services.

Accident & Medical Coverage for Volunteers & Officials

In addition to Spectator Liability Coverage

*** Who is Insured**

All volunteers, helpers, staff and officials over the age of 12 years and under the age of 75.

*** What is Covered**

Accidental bodily injury resulting in death or disablement while the above mentioned individuals are fulfilling duties at an approved NATRC event. Includes set-up and take-down days as well as direct travel to and from the competition.

*** Maximum Benefit Highlights**

Death benefit*	\$30,000
*(for ages 18 and over only)	
Permanent Total Disability	\$50,000
Medical Expenses	\$10,000
Temporary Total Disability	\$150/wk

Temporary Total Disability waiting period requirement is one week. Maximum benefit period is 52 weeks.

Medical Expenses are in excess of any other valid and collectible medical expense insurance and are subject to a \$250 deductible each claim.

If you have questions about the coverage or would like more information please call

1-800-752-2472

To apply for coverage or receive a written quote, complete the enclosed application and return to Equisure Inc. **All coverages are subject to the applicable taxes and fees. The above information is for illustration only. The insurance policy/certificate and application set forth the terms and conditions which apply**